VOLUNTEER APPLICATION

Name:								
		Last	First		Middle			
Addres	ss:							
		Street		City	State	Zip		
Teleph	ione:			Email:	! l email you important voluntee	or information*		
1.	Docitio	n and lovels for	which you are interested in		•	er information sroom □Field Trip □Other		
1.			•	_		•		
		_	ngs: □Fremont □A.D. Ha			TICE		
2.	-	rou spoken with a District employee about volunteering? Yes No To whom and in what capacity will you volunteer?						
3.	-		rst aid card in the past ten	-		□ Yes □ No		
4.	Write a short statement verifying experience, knowledge, and reason for seeking this position. (If applicable include your understanding of physical, psychological, and social growth of children, care and prevention of injuries, and athletic conditioning.)							
 5.	Do you	u currently hold a	n Oregon teaching license		es, type and endorsemer	nts:		
the for Race	ollowing or cultu nerican I	information. You ral group:	equal opportunity under anur completion is optional.		on program. To assist in ☐ Hispanic ☐ Black	this program please provide		
EDUCA	TIONA	L TRAINING	me of school	Location	Dates attende	od Dograo or diploma		
High S	chool	INdi	ne or school	Location	Dates attende	ed Degree or diploma		
College								
REFRE								
	Na	me	Address		Phone	Position		
CONVI	CTED (0	OR PURGE) OF I	MISDEMEANOR OR FELC	ONY, INCLUDIN	G MAJOR TRAFFIC □	Yes □ No		
If yes,	offens	e:	State:		County:	Date:		
•			 ИPLETE BACKGROUND					
to the			oplication as a volunteer ermission to check civil o			f my knowledge. I hereby grant ments made on this		
Signat	ture of	volunteer			Date			
		nty School Distr by the building	•	eers, all perso	ns who volunteer durii	ng the regular school day shall		
Signat	ure of E	Building Princip	 al		Date			

LAKE COUNTY SCHOOL DISTRICT #7 1341 SOUTH FIRST STREET, LAKEVIEW, OR

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Lake County School District #7 and Criminal Information Services, Inc. to obtain information about you (as applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete **ALL** of the information below. Please print.

Full Legal Name:			
Last	First	Middle	
Other Names Used:(Maiden, alias's, legal name chang	ge, etc.)		
Current Address:			
DOB:	Driver's License #:	Driver's License State:	
SSN:			
1. Have you ever been convicted of	a sex related crime?		□ Yes □ No
If yes, was the conviction i	in Oregon or another state? State:		
2. Have you ever been convicted of	a crime involving violence or threat of violence	?	□ Yes □ No
If yes, was the conviction i	in Oregon or another state? State:		
3. Have you ever been convicted of	a crime involving criminal activity in drugs or al	coholic beverages?	□ Yes □ No
If yes, was the conviction i	in Oregon or another state? State:		
4. Have you ever been convicted of	any other crime except a minor traffic violation	n? (includes traffic crimes)	□ Yes □ No
5. Have you ever been arrested, wit	thin the last three years, for a crime in which the	ere has not yet been an acquittal or dismissal	? □ Yes □ No
If yes, was the arrest in Or	regon or another state? State:		
-	eted this form as applicable to me. I goes, Inc. permission to verify any infor ve until revoked by me.	•	
I affirm that all information	on this from is true and accurate.		
<u> </u>			
Signature of applicant		Date	